Policy Brief

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Adolescent boy who has deafness and is living with his siblings, Ethiopia © Nathalie Bertrams/GAGE 2023

Adolescent sexual and reproductive health for out-of-school youth: lessons from a pilot intervention with young people with disabilities in Ethiopia

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Introduction

Sexual and reproductive health is integral to the well-being and rights of adolescents and young people. Ethiopia's 2016 National Adolescent and Youth Health Strategy seeks to improve the quality and accessibility of adolescent and youth health services. Around 17.6% of young people in Ethiopia have a disability (World Health Organisation 2011). Ethiopia is a signatory to the United Nations Convention on the Rights of People with Disabilities, and its National Plan of Action on Persons with Disabilities (2012-2021) and Master Plan for Special Needs Education (2016-2015) have sought to improve inclusivity across sectors including education and health. However, adolescents and young people with disabilities in Ethiopia are often denied basic rights to education and healthcare due to stigma attached to their disability and a lack of adapted services. As a result, they are vulnerable to sexual exploitation and violence, and have a lower overall level of knowledge about sexual and reproductive health and rights than their peers without disabilities (Population Council and the United Nations Population Fund (UNFPA), 2010; Kassa et al., 2016; Jones et al., 2018; Jones et al., 2021).

In 2020, the UNFPA launched a multi-phased initiative entitled 'Reaching those most left behind through CSE (comprehensive sexuality education) for out-of-school young people', which is currently being implemented in 12 countries, including Ethiopia. Through this initiative, UNFPA's 2020 International technical and programmatic guidance on out of school

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CSE has been adapted to the specific context, needs and life experiences of selected groups of out-of-school young people, and then implemented with support from UNFPA. In Ethiopia, one of the selected groups of young people was young people with disabilities. Drawing on the international technical guidance, a manual for Sexual and reproductive health and life skills education was developed by UNFPA Ethiopia with input from stakeholders from government agencies and non-governmental organisations (NGOs). The manual was then used by the Ethiopian Center for Disability and Development (ECDD), an NGO that works on disability-inclusive development, economic empowerment, inclusive higher education and sexual and reproductive health, to train young people with disabilities on sexual and reproductive health information and rights, and life skills. Sessions were conducted by trained peer educators selected by ECDD and trained by experts on sexual and reproductive health from other NGOs. The facilitators were trained in four large urban centres in Ethiopia: Hawassa city (Sidama region), Bahir Dar city (Amhara region), Adama city (Oromia) and Addis Ababa.

Methodology

The effectiveness of the intervention was assessed through implementation research funded by the World Health Organization (WHO) and carried out by the Gender and Adolescence: Global Evidence (GAGE) programme. The research assessed the feasibility, acceptability and effectiveness of activities to prepare and support facilitators to deliver CSE in out-of-school settings for marginalised young people. Research ethics approval was secured from WHO as well as from the Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSSWA). Data collection was undertaken in three of the implementation sites by experienced researchers between July and August 2022 using a range of qualitative and quantitative research tools. This brief draws on interviews and focus group discussion findings only; more detail can be found in Table 1 on the qualitative tool types and number of research participants. The resulting transcripts were translated and coded thematically.

Key findings

> I went to the clinic because my friend wanted to get contraceptives. But when we got there she was asked about why she needed contraceptives when she is a disabled person. (A young woman with visual impairment, Bahir Dar)

The research highlighted that young people with disabilities experience stigma, discrimination and exclusion within their families, communities and peer groups. This prevents them from accessing information about sexual and reproductive health, and contributes to lower self-esteem. As a young man with a hearing impairment in Hawassa noted:

> *I am discriminated [against] by my family for having a hearing impairment. My family discriminates [against] me for being deaf, they do not share information with me, even they do not talk to me when I want their help.*

Discrimination by healthcare providers, along with a lack of accessible or adapted facilities, means that young people with disabilities struggle to obtain sexuality-related information and services. A young woman with a visual impairment from Bahir Dar explained:

> *I went to the clinic because my friend wanted to get contraceptives. But when we got there she was asked about why she needed contraceptives when she has disability. They were not professional and the infrastructure in the clinic was not conducive for persons with disabilities.*

Given this broader context, the training on sexual health and life skills led by ECDD, which was participatory, interactive and undertaken by peer facilitators who themselves had experience of living with a disability, was highly valued by participants. A young man with a visual impairment who participated in a focus group discussion in Hawassa underscored the care with which the training sessions were adapted to diverse disability types:

Table 1: Research tools and sample

Research site	In-depth interviews (IDIs) with young people with disabilities	IDIs with facilitators	Key informant interviews	Focus group discussions (FGDs) with young people with disabilities	FGDs with facilitators
Addis Ababa	15	4	2	5 (16 participants)	6 (4 participants)
Bahir Dar	18	3	2	6 (42 participants)	7 (6 participants)
Hawassa	18	4	1	6 (27 participants)	7 (6 participants)
Total participants	**51**	**11**	**5**	**17 (85 participants)**	**20 (16 participants)**

Head of special needs departments at a school in urban Amhara, Ethiopia © Nathalie Bertrams / GAGE 2023

> *The training… it was not like teachers and students. Blind people, for example, they showed and let us touch the male condom, female condom, artificial methods including pills. There were videos, and they were explaining the topics presented in the videos. And they also translated for the deaf [participants].*

Participants described how the intervention led to improved knowledge about sexual and reproductive health issues and rights, higher self-esteem, and how to access relevant services. A young woman with a hearing impairment from Hawassa explained her experience as follows:

> *The training helped me a lot. Before the training, a boy has been [trying to force] me to marry him. He was focused on his finance and was considering me as an object. After the training, I was capable to say no. It built my confidence. I was also able to protect myself from any kinds of gender-based violence and sexual harassment.*

Facilitators sought to make the sessions were interactive and enjoyable, and created a supportive environment in which young people felt safe to ask questions and discuss topics:

> *Facilitators used different methods… like group discussion, role-playing, presentation, joking, etc. Facilitators also used ice-breakers when participants became bored, and they used several activities to make participants actively engage in tasks in the training room.* (FGD, young man with a hearing impairment, Addis Ababa)

Similarly, a young woman with a physical impairment who participated in a focus group discussion in Addis Ababa noted that:

> *[We had training on] how to prevent sexually transmitted diseases like gonorrhoea and syphilis… We are educated to go to a health facility when we encounter those. We learnt that the hospital is prepared these days to provide services for persons with disabilities. If we want to get tested/ examined, we will be given priority. They gave us that awareness.*

These positive outcomes notwithstanding, the research findings also identified several limitations to the pilot intervention. These included the short amount of time for training of facilitators and participants, which meant that certain topics were not given requisite detail. In addition, there was a dearth of linkages between the programme and local health service providers, and equitable participation was not always guaranteed. Young people with hearing impairments reported that they had struggled to follow content at times, while materials for training facilitators

had not been translated into Braille, which meant that it was not possible to recruit facilitators with visual impairments to deliver the programme. Delays in the release of funds for the project also meant that time for training was compressed and some topics were not therefore covered in sufficient detail.

Implications for programming to improve adolescent and youth sexual and reproductive health access and outcomes

- **Scale up awareness-raising programmes on sexual and reproductive health issues for adolescents with disabilities who are out of school,** working closely with disability rights organisations that have the requisite expertise to ensure inclusive and tailored approaches.
- **Provide intensive training and refresher training for facilitators** as a key step to improve life skills-based sexual and reproductive health training, and invest in supportive supervision to improve the quality and impact of training.
- **Invest in project planning, monitoring and evaluation to strengthen intervention effectiveness and lesson learning.** This should include the timely release of project funding to support well-planned and sequenced programme implementation.
- **Tailor training materials to address the specific needs of young people with diverse disabilities and support the training of trainers with disability types,** including using sign language interpreters to ensure inclusivity within the project.
- **Promote access to inclusive and free health services for young people with disabilities through in-person outreach**, media and social media campaigns and referrals by other service providers and community leaders.
- **Extend sexual and reproductive health and life skills training to include family and community members.** Unless the family members and community as a whole are aware about disability issues and the needs of young people with disabilities, it is very difficult to reduce stigma and discrimination.
- **Train service providers about sexual and reproductive health issues and the rights of persons with disabilities,** and especially for those who work in health, education and social services. This should extend to people working in the justice sector, given that those are the institutions mandated to ensure the realisation of the rights of young people with disabilities.
- **Strengthen referral systems for young people with disabilities,** including through referrals to one-stop centres for those who experience sexual and gender-based violence, and referrals to sources of financial support such as the Productive Safety Net Programme (PSNP) to cover any additional costs that young people with disabilities may require to access sexual and reproductive health information and services. In parallel, promoting access for young people with disabilities to tailored vocational skills training programmes that can facilitate their economic independence would also help mitigate their exclusion from services, information and supplies.

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